

## Partners Protection Plan Special Events Increase

### 1.0 Lives to be assured

#### Life assured 1 (LA1)

Title	First name(s)
Surname	
Date of birth	DD/MM/YYYY

#### Life assured 2 (LA2)

Title	First name(s)
Surname	
Date of birth	DD/MM/YYYY

### 2.0 Policy owners (if different from lives assured)

#### First Owner

Title	First name(s)
Surname	
Date of birth	DD/MM/YYYY

#### Second Owner

Title	First name(s)
Surname	
Date of birth	DD/MM/YYYY

### 3.0 Special Events Increase Reason

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Birth/legal adoption of child      | <input type="checkbox"/> Became a carer for the first time | <input type="checkbox"/> Mortgage taken out on home         |
| <input type="checkbox"/> Annual income increase of \$10,000 | <input type="checkbox"/> Marriage/civil union              | <input type="checkbox"/> Divorce/dissolution of civil union |
| <input type="checkbox"/> Increase mortgage on home          | <input type="checkbox"/> Tertiary Education                |   |

Please attach certified copies of evidence in support of the increase as detailed on the back of this application.

### 4.0 Cover to increase

Please provide details below of the cover you currently have and how much you would like to increase the cover to. Please note:

- Income Cover can be increased by the amount of your salary increase, up to 10% of the original cover.
- All other covers can be increased by the lesser of the increased mortgage or \$250,000 provided the total increase does not exceed 75% of the original sum insured.

	Increase cover by	New cover amount
<input type="checkbox"/> Life Cover	\$	\$
<input type="checkbox"/> Trauma Cover	\$	\$
<input type="checkbox"/> Income Cover	\$	\$
<input type="checkbox"/> Mortgage Repayment Cover	\$	\$
<input type="checkbox"/> Total & Permanent Disability Cover	\$	\$

❖ Please attach an illustration setting out the benefits to be applied for and the applicable premiums to be paid.

Adviser/office use only

Adviser code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 5.0 Declaration and consent

### Duty of disclosure

Before you enter this contract of insurance you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance.

If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

The below named lives to be assured and policy owner(s) declare and agree that:

1. The information provided in this application whether in my/our handwriting or not is true and complete and I/we have not withheld or misstated any material fact; and
  2. I/we understand that the insurance proposed in this application shall not commence until this application has been accepted by Partners Life Limited and the increased has been received by Partners Life Limited; and
  3. I/we understand that Partners Life Limited will draw money from our chosen payment method where applicable (bank account, credit card or debit card) on the date specified by you in your original application, or on the nearest corresponding date thereafter (and on-going in accordance with our specified payment frequency). I/we understand that, and give consent to, the first billing may be within 10 days of sending you confirmation that your chosen account will be debited.
  4. I/we will be bound by the standard conditions applicable to the proposed insurance upon Partners Life Limited acceptance of this application; and
  5. I/we authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause 6 below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and manage any resulting insurance contract or to market other products and services or in such manner as is required to meet legal and regulatory obligations; and
6. I/we consent and give authority to Partners Life Limited to seek from the following, including their officers and employees, any information (including full medical history) Partners Life Limited requires for the purposes of assessing this application or any claim arising from this application. I/we consent for the following to disclose full information to Partners Life Limited for this purpose:
    - Any and all health treatment providers; and
    - Any and all medical information providers; and
    - Insurers; and
    - Accident Compensation Corporation; and
    - Employers (whether current or not); and
    - Government organisations and enterprises; and
    - Accountants and other financial advisers; and
    - Banks and financial institutions; and
    - Any credit rating agencies.
  7. I/we acknowledge that the illustration attached to this application (or any subsequently signed illustrations which are to amend the original illustration) forms part of the application and sets out the insured benefits I/we are applying for; and
  8. I/we accept that any exclusions or loadings listed on the policy schedule will be applied to the increased benefits included under this policy; and
  9. I/we agree that a photocopy, scan or fax copy of this application form, declaration and consent will be as valid as the original.
  10. I/we agree that I am not eligible to make, or have already made, a terminal illness, disability, or trauma claim under my policy.

Name of first life to be assured	Name of second life to be assured
Signature of first life to be assured	Signature of second life to be assured
Date <input style="width: 100px;" type="text" value="DD/MM/YYYY"/>	Date <input style="width: 100px;" type="text" value="DD/MM/YYYY"/>
Name of first policy owner (if different from above)	Name of second policy owner (if different from above)
Signature of first policy owner	Signature of second policy owner
Date <input style="width: 100px;" type="text" value="DD/MM/YYYY"/>	Date <input style="width: 100px;" type="text" value="DD/MM/YYYY"/>

## 6.0 Supporting evidence

Below we have set out what you can provide in support of your special events increase.

Life Event	Evidenced by
Birth/legal adoption of a child	Birth certificate for the child or adoption papers
Become a carer for the first time	Statutory Declaration or court papers
Annual income increase	Written statement from the employer
Marriage or civil union	Marriage / civil union certificate
Become divorced / dissolution of civil union	Order of dissolution of marriage or civil union
Taken out a mortgage or increased you mortgage	Settlement statement, loan statement, or summary of loan details
Tertiary Education	Confirmation of enrolment and payment of fees.